

# V Statewide Programs

## Justification

Funding to support statewide programs is a major element of CDC's recommended comprehensive approach to the prevention and reduction of tobacco use. Statewide projects can increase the capacity of local programs by providing technical assistance on evaluating programs, promoting media advocacy, implementing smokefree policies, and reducing minors' access to tobacco. Supporting organizations that have statewide access to diverse communities can help eliminate the disparities in tobacco use among the State's various population groups. Statewide and regional grants to organizations representing cities, business and professional groups, law enforcement, and youth groups inform their membership about tobacco control issues and encourage their participation in local efforts. Statewide programs in California, Massachusetts, and Oregon have included the following elements:

- Funding multicultural organizations and networks to collect data and develop and implement culturally appropriate interventions.
- Sponsoring local, regional, and statewide training, conferences, and technical assistance on best practices for effective tobacco use prevention and cessation programs.
- Supporting innovative demonstration and research projects to prevent youth tobacco use, promote cessation and the implementation of tobacco use counseling and treatment for young people and adults, and promote smokefree communities.

Direct funding provided to statewide organizations can mobilize their organizational assets to strengthen community resources. For example, nongovernmental

partners may be better equipped than State governments to reach specific populations, including women, racial/ethnic minority populations, and blue-collar workers. Involving culturally diverse communities in the planning and implementation of tobacco control efforts has been shown to be effective.<sup>1</sup> Statewide Ethnic Tobacco Education Networks in California have assisted local coalitions across the State in defining and reaching diverse racial and ethnic populations.<sup>2</sup>

Statewide programs can also provide the skills, resources, and information needed for the coordinated, strategic implementation of effective community programs. For example, training for local community coalitions on the legal and technical aspects of clean indoor air ordinances and enforcement can be provided most efficiently through statewide partners who have experience in providing these services. In Massachusetts, the Community Assistance Statewide Team has served as a major resource to municipalities and local boards of health to increase the percentage of the State's population covered by local clean indoor air restrictions from 17% in 1992 to 66% in mid-1998.<sup>3</sup>

Finally, statewide programs can increase the effectiveness of community programs by stimulating local actions. For example, Operation Storefront was funded in California to help local coalitions stem the proliferation of tobacco advertising and promotion at the community level.<sup>4</sup> Youth and adult volunteers in 52 California counties documented point-of-purchase tobacco advertising and promotion levels and developed community action plans to mobilize their communities to limit exposure. Evaluations and case studies of 19 of these innovative efforts have been documented.

## Budget

Funds can be awarded to statewide organizations, businesses, and other partners. For example, California has funded ethnic tobacco education networks for African Americans, Hispanics, and Asian/Pacific Islanders at approximately \$1.5 million annually. Annual awards for the statewide Quitlines have been about \$1.6 million in California and \$780,000 in Massachusetts. Oregon has budgeted \$1,142,500 per year for statewide grants to fund tobacco control programs among multicultural populations, a Quitline, innovative demonstration projects, and health-related voluntaries and nonprofit organizations that provide training, technical assistance, and conference support to local community coalitions. Statewide awards to provide legal assistance in implementing local ordinances and training on programs like Operation Storefront have proved useful in California.

States with more racial or ethnic diversity may want to budget more for grants for statewide programs. Although the costs of some services like Quitlines and training conferences will be higher in more populous States, smaller States usually need to budget more per capita to adequately fund the multicultural networks and other statewide organizations and partners. Best practices dictate that about \$0.40–\$1 per capita be allocated for these grants annually.

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## Core Resources

California Department of Health Services. A Model for Change: The California Experience in Tobacco Control. Sacramento, CA: California Department of Health Services, October 1998.

California Tobacco Control Project Showcase: A Compendium of Abstracts. California Department of Health Services, Tobacco Control Section, 1998.

No More Lies; Truth and the Consequences for Tobacco. Case Studies Presented at the 4th Annual National Conference on Tobacco & Health. St. Paul, MN, October 26–28, 1998.

Request for Applications Issued by the Massachusetts Department of Public Health, Bureau of Family and Community Health, Massachusetts Tobacco Control Program: Community Health Networks, Boards of Health/Health Departments. March 10, 1997.

Requests for Proposals Issued by the Massachusetts Department of Public Health, Bureau of Family and Community Health, Bureau of Substance Abuse Services: Training Centers (Document 2); Prevention (Document 3); Targeted Capacity Building (Document 4); Telephone Information, Referral, and Counseling (Document 5); Education Materials Development and Dissemination (Document 6). November 1996.

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## References

- 1 Fisher EB, Auslander WF, Munro JF, et al. Neighbors for a smokefree north side: evaluation of a community organization approach to promoting smoking cessation among African Americans. *Am J Public Health* 1998;88(11):1658–63.
- 2 Centers for Disease Control and Prevention. Tobacco use among U.S. racial/ethnic minority groups—African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: a report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. 1998. (<http://www.cdc.gov/tobacco/sgr-minorities.htm>).
- 3 Kelder GE, Porfiri RC, Robbins H. The second American Revolution: Massachusetts' Community Assistance Statewide Team (CAST), a partnership between attorneys and public health professionals to support local tobacco control efforts. In: No more lies; truth and the consequences for tobacco. Case studies presented at the 4th Annual National Conference on Tobacco & Health, 1998:103–7.
- 4 California Department of Health Services. A model for change: the California experience in tobacco control. Sacramento, CA: California Department of Health Services, October 1998.